



## **Clayton County Veteran of the Month Nomination Guidelines**

1. The nominee must reside in Clayton County and must have received an honorable discharge from the U.S. Military.
2. Honorees will be recognized for significant public service contributions made at the local, state or national level and by excellence achieved through action above and beyond the call of duty. Nominees should also have made significant contributions in volunteer work in support of veterans, the military and the community.
3. In addition to information requested on the nomination form, please provide some form of military service (**I.E.; Current Military ID Card, Discharge Orders**) as well as a brief written summary of the nominee's achievements; to include: **(a)** a description of significant accomplishments, including dates, **(b)** information concerning military service, and, **(c)** a list of military awards and decorations received by the nominee.
4. Nominations will be evaluated on the scope and impact of a nominee's achievements and the extent to which his/her efforts benefit and provide inspiration to their community and other Veterans. Please document significant achievements and accomplishments, especially those made after the nominee's military service.
5. Nominations will be reviewed and the recipients will be ultimately chosen by the Clayton County Armed Forces Senior Veterans. Nominations are accepted at all times throughout the year.
6. Nominations should be sent to:  
**Clayton County Senior Services Department**  
**Senior Services Administrative Office**  
**6701 Highway 85**  
**Riverdale GA 30274**  
**Fax: 678-479-5069**

## Clayton County Veteran of the Month Nomination Form

Please read the **Nomination Guidelines** prior to completing this form. Please attach the verification of military services as well as a written summary of the nominee's achievements following the guidelines.

Nominee: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

.....

Nominator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Nominator (required): \_\_\_\_\_ Date: \_\_\_\_\_

*I have read the nomination guidelines and attest that the above information is accurate and true. If selected as a "Veteran of the Month" I agree to attend a public appearance at the Clayton County Board of Commissioners Board Room*

Signature of Nominee (required): \_\_\_\_\_

Date: \_\_\_\_\_

**SEND COMPLETED FORM TO:**  
Clayton County Senior Services Department  
Senior Services Administrative Office  
6701 Highway 85  
Riverdale GA 30274  
Fax: 678-479-5069